

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>3-1-05</u>		2 Serial/Patent # <u>10/763,498</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input checked="" type="checkbox"/> Extension of Time		12-8-04	\$ 985.-							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 985.-							
8 TO BE REFUNDED BY:										
Treasury Check										
Credit Deposit A/C #:										
9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>				0	2	--	4	2	7	0
0	2	--	4	2	7	0				
10 REASON:										
<input type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
<input checked="" type="checkbox"/> No Fee Due (Explanation):										
EOT outside six-months statutory period.										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Retta Williams</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>Retta Williams</u>		PHONE: <u>272-3229</u>								
OFFICE: <u>Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>3/2/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**